

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on February 2, 2002.

### **I. DISPUTE**

1. Whether there should be additional reimbursement for ambulatory surgical center services for date of service July 11, 2001.

### **II. RATIONALE**

The EOB submitted to the requestor shows an explanation code of "A and V – Request for reconsideration dated 9/4/01: Extension was not given and no further request for preauthorization was received. Surgery not r/n based upon IME report of 5/25/01." Preauthorization for left knee arthroscopy chondroplasty for date of service May 2, 2001 was requested on April 19, 2001; preauthorization was approved on April 23, 2001. ASC are not covered by the *Medical Fee Guideline* and shall be reimbursed at a fair and reasonable rate.

The respondent responded to the initial TWCC-60. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The requestor billed \$6,910.73 for the Ambulatory Surgical Center; the respondent paid \$0.00. Per Rule 413.011(d) the requestor has submitted redacted EOBs, to support charges for same or similar services were paid at between 85% and 100%; the requestor has also submitted medical documentation to support services were rendered as billed.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor is entitled to reimbursement for Ambulatory Surgical Center in the amount of \$5,874.12 (\$6,910.73 x 85%). Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$5,874.12** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are here-by issued this 01<sup>st</sup> day of October 2003.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/mf